

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-014826

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 126

FILED MAY 14 1963

VS 300
Rev. 4/59

DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Montgomery	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Mexico, Mo		Length of stay in 1b	c. CITY OR TOWN Montgomery City, Mo Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain County Hospital		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Iva Middle Myrtle Last Strube			4. DATE OF DEATH Month May Day 6 Year 1963
5. SEX F	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-15-1885
9. AGE (last birthday) 78		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Callaway County, Mo
12. CITIZEN OF WHAT COUNTRY U S		13. FATHER'S NAME William J Atterberry	
14. MOTHER'S MAIDEN NAME Sarah Ellen Anderson		15. NAME OF HUSBAND OR WIFE Edward A Strube	
16. SOCIAL SECURITY NO.		17. INFORMANT Mary Oliver Montgomery City, Mo	
18. CAUSE OF DEATH: (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Adenoma INTERVAL BETWEEN ONSET AND DEATH 3 months Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Ovarian Carcinoma DUE TO (c) -		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pulmonary tuberculosis - chronic	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 4-16-63 to 5-6-63 and last saw her alive on 5-6-63 Death occurred at 7:18 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Harold S. Gankler M.D.		22b. ADDRESS Twiss, Mo	
22c. DATE SIGNED 5-7-63		22d. DATE SIGNED (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5-8-1963	
23c. NAME OF CEMETERY OR CREMATORY New Florence Cemetery		23d. LOCATION (City, town, or county) New Florence, Mo	
24. FUNERAL DIRECTOR D B Baker New Florence, Mo		25. DATE RECD. BY LOCAL REG. MAY 8 - 1963	
26. REGISTRAR'S SIGNATURE Blanche Neely			

USE BLACK INK

OR

TYPEWRITER RIBBON

Harold S. Gankler M.D.

MAY 29 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Leon Hale Treestman

Licensed Embalmer No. 5202

P. O. Address Keenan, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.